



Illinois Department of Public Health
Division of Vital Records

**SURROGATE PARENTAGE CERTIFICATION
ATTORNEY'S CERTIFICATION STATEMENT**

Gestational
Surrogate's Name _____
(First, Middle, Last, prior to first marriage/civil union)

Gestational Surrogate's
Husband/Civil Union Partner

Check None _____ or enter Name _____
(First, Middle, Last, prior to first marriage/civil union)

Intended
Mother/Co-Parent's Name _____
(First, Middle, Last, prior to first marriage/civil union)

Intended
Father/Co-Parent's Name _____
(First, Middle, Last, prior to first marriage/civil union)

This statement is being completed and filed with regard to Illinois statutes concerning gestational surrogacy, and to establish a parent-child relationship in accordance with Section 12 of the Vital Records Act (410 ILCS 535/12), Section 6 of the Illinois Parentage Act of 1984 (750 ILCS 45/6), and the Gestational Surrogacy Act (750 ILCS 47). I hereby certify that the gestational surrogate, the gestational surrogate's husband/ civil union partner (if any), and the intended parent or parents have entered into a gestational surrogacy contract, and further certify that the gestational surrogacy contract satisfies the requirements of Section 25 of the Gestational Surrogacy Act (750 ILCS 47/25) with respect to the child that will be carried by the gestational surrogate.

Dated _____, _____
(Enter month, day and year) Signature of attorney

State bar number Typed or printed name

Business address Business telephone number

Name(s) of Party(ies) being represented: _____

Two witnesses must attest to the signature of the attorney completing this surrogate parentage statement and make the following certification: **I am a competent adult and not the gestational surrogate, gestational surrogate's husband/civil union partner (if any), intended mother/co-parent or intended father/co-parent.**

Witness Signature

Witness Signature

Typed or printed name

Typed or printed name

Dated _____
(Enter month, day and year)

Dated _____
(Enter month, day and year)

Prior to the birth of the child, this certification shall be placed in the medical records of the gestational surrogate and copies shall be filed with the Illinois Department of Public Health at 925 E. Ridgely Ave., Springfield, IL 62702-2737. *The attorneys for the intended parents and the gestational surrogate must each execute a separate certification.*

There is *NO CHARGE* to file surrogate parentage statements.